

Division of Substance Abuse and Mental Health

Web Software / Web Reports User Agreement

Instructions: Fill out the necessary information and fax the form to the Division of Substance Abuse and Mental Health @ 801-538-4696.

Access Requested (please fill in all that apply):

• PATS Web Software:	
Administrative User: <input type="checkbox"/>	Regular User: <input type="checkbox"/>
If Regular User is checked, please indicate the name of the office(s) they belong to: 	
• Year End Web Software:	
Please list the Local Authority(ies) the user requires access to: 	
• Web Reports (i.e. PATS, Year End, etc.)	
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

User Information and Agreement:

• User Information:					
User Name (First & Last Names)	Requested ID (if desired)	Requested Password (if desired)	Email address	Zip Code	Phone #
• User Agreement					
I agree to use the software / reports in compliance with the policies, standards, etc., established by my agency and by the State Division of Substance Abuse and Mental Health. I agree to notify the State Division within two weeks of resigning my position with my employer so that my user account can be properly deactivated.					
Signature:			Date:		

User's Supervisor Agreement:

• Supervisor Agreement	
I grant permission for the individual identified above to be given access to the software / reports and the data they contain as indicated.	
Signature:	Date:

For Office Use Only

Approved:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Date processed:	<input type="text"/>
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